

San Bernardino County Sheriff's Department INMATE GRIEVANCE FORM

| (| Grievance Number: |
|---|-------------------|
| _ | Date: |
| | Assigned to: |

| | Assigned to. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| NAME Michael MElhiney BO | DOKING# 0301343349 |
| HOUSING LOCATION OF O | OCCURRENCE WVDC |
| DATE/TIME OF OCCURRENCE 07/24/03 | DATE OF COMPLAINT 07 25/03 |
| EXPLAIN YOUR COMPLAINT. INCLUDE DATES, TIMES, AND NAMES | OF PERSONS INVOLVED. |
| Sot De Bord - the Warn | ing' busued to me |
| regarding alleged abuses of | my pro per privilegels) |
| and without merit and con | interely aroundless |
| especially when viewed in I | ight of SCA J. Lopezi |
| m minimum mini | |
| I typed up a Della | arotion that is in support |
| of my Motion for Order to Show | ause re contempt |
| (detailing your facility abject | tailure la dalla su |
| federal court order) - my | Codetenants Gericotion |
| needs to be signed and a | Thorne Thorne |
| In a Joint Defense Agre | Two to this |
| Facility's irrational secun | it policies I con |
| prohibited from communication | fine with my co- |
| detendants. Your actions a | re unreasonable and |
| impole my ability to litig | ak effectivele |
| , , , , , | |
| This facility must recognize | its County Tail rukes |
| do not apply especially in | The matter of |
| grose representation in to | ederal cont. SCA |
| Lopez is ignorant of teder | al law procedure. |
| I suggest you ask the | TUSA MESSAES / WOLL |
| before you threaten me | Jan., or in 1070 |
| With my litigation. | |
| ATTACH ADDITIONAL PAG | ES IF NEEDED |
| | AF Elling |
| | Inmate's Signature |
| Bossived by: LONG REST 6 | Date: 072503 Time: 0655 |
| Received by: 2016 33976 Employee's Name (Please Print) | |

Original: Inmate's Booking Jacket

Yellow Copy: Inmate

Photocopy: Administration File

GHRC P.S.# 1003

ATTACHMENT #21 [A-21]

{Disciplinary Report "Abuse of the Grievance System"} [July 25, 2003]



ASU#000402 eff. 6/2000

SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT

W.V.D.C.:

| | BUF | MATE DI | SCI | NS AND CORR | ECTION POR | T T | C.D. | .R.C.: .C.: HER: | |
|-------------------------------------------------------------|--------------|-----------------------------------------------------------------|----------|----------------------------------------------------------------------------------|----------------------------------------|--------|------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| age 1 of 1 | | | | NFORMATION | | | | | |
| | | INM | | SSIGNED HOUSING LOCATION | | | BOOKING I | NUMBER | |
| AME: LAST, FIRST, MID Pre-Sentenced Sentenced M | IcElhiney, N | lichael | | "F" 12 | | | 03013433 | | JMBER |
| R VIOLATION A | buse of gri | evance system. | | | (MAXIMUM RE | COMME | NDATION) | JUHNO | JNIBER |
| 12/2520. Offense agair 12/2550. Administrative | e offenses | □ 12/2530. Facility tranquill □ 12/2520. Security violation | ons J | 12/2340. 1 topotty strate | Days: 10 | G&W: | | 05041 | 2 |
| EW HOUSING LOC. ame | None Ta | N OF INMATE'S PROPERTY Ken | 1.00 | Multiple | | | THE CONTROLS | THE STREET | AND ADDRESS OF THE PARTY OF THE |
| | | INCI | DENT | INFORMATION | | | | | |
| ATE/TIME OF INCIDEN 7/25/03 0800 Hrs. | | ATION OF INCIDENT: t 5 Segment "F" | | ATTACHED STATEMENT(S) E ☐ Deputy ☐ Inmate With ☐ Staff ☒ None | ness & Info. | | | | |
| INMATE STATEMENTS | | put me on discipline for COPY GIVEN TO INMAT | | REP. OFFICER ASSIGNMEN | Т: | DEPUTY | | E RECO! | MMENDATIC |
| Rice / B6731 | | Rice | | Unit 5 | 10100000000000000000000000000000000000 | DATS | 10 | day in | |
| | | SU | | ISOR'S REVIEW | | | | | Sell-May selle |
| REVIEWED BY | ים | 1/25/03 | ☐ Discip | NE RECOMMENDATION: line approved per JDR recommer y discipline as follows: | ndation. | 5 | DAYS | 7 | |
| | | | DISCI | PLINE REVIEW | | | | | |
| | | WAIV | ED 24 HR | LIMIT. YES NO DI | N/A | | | | |
| ADDITIONAL INMATE | STATEMENT | S: | | | | | | | |
| REVIEWED BY: | D | ATE REVIEWED | ☐ Disci | INARY ACTION pline approved as recommended fy discipline as follows: | above. | | | COID! INT | E OUT DATE |
| SPEC. DIET APP. BY | | MAX: 6 Meals over 3 days) BEGINS: | DISCIPI | LINARY ACTION BASED ON: opsis Above | ary History | | DI | SCIPLINE | E OUT DATE |
| | | FACII | LITY | MANAGER'S RE | VIEW | | | | |
| FACILITY MANAGER | • | COMMENTS: | | | | | | Spec. Die | t over 72 hou |
| | | | DI | STRIBUTION | | | | | |
| (Original) Adminis | trative File | Inmate's Jacket 🛛 Classifi | | rd Inmate Special Service | es Culinary | | DELIVERE Rice | D BY: | DATE: 06/11/03 |

ATTACHMENT #22 [A-22]

{Prisoner Grievance #39: Filed on March 30, 2003}

{Grievance Response [No Number or Date]}



San Bernardino County Sheriff's Department INMATE GRIEVANCE FORM

| - | Grievance Number: |
|---|-------------------|
| 4 | Date: |
| + | Assigned to: |

| NAME Michael McElhiney BOOKI | NG# 0301343349 |
|--------------------------------------------------------------------|-----------------------------------------------|
| HOUSING LOCATION 5-A-04 LOCATION OF OCCU | RRENCE WVDC |
| DATE/TIME OF OCCURRENCE ON GOING DA | TE OF COMPLAINT 03 30/03 |
| EXPLAIN YOUR COMPLAINT INCLUDE DATES TIMES AND NAMES OF PE | RSONS INVOLVED. |
| Due to the extended delay between | placing food on our tras |
| Due to the extended delay between and actual serving (some 5-6 how | (1) our pread is state |
| | |
| 2 possible solutions to this p | |
| 1) How the bread slices wi | cospect (similar to how |
| 1) Have the bread slices will the hunch bags are prepare | red; or |
| | 2 1 200 0 7 |
| 2) Have the tood Serving | on serverte from the |
| our bread individually (trays) While in its bag. | 710 3 Nov. |
| 그런 그들은 하는 경에 가는 가는 것이다고 하는 것이다. 그렇게 되는 것이 없는 것들은 사람들은 사람들이 없어 되었다. | |
| Just a suggestion - It | m sure it Statt |
| thinks about it they can | ande at as |
| reeson to serve us state | bread |
| 160 01 70 30,00 | |
| | |
| | |
| | Harry Barrier Branch |
| | |
| | |
| | |
| ATTACH ADDITIONAL PAGES I | FNEEDED |
| | Wichael M. Elking |
| D | Inmate's Signature |
| Received by: DURT | Date: <u>03-30-03</u> Time: <u>1201</u> |
| Employee's Name (Please Print) | 50 [10] 이번에 대한 10일 10일 10일 이 10일 (1994 - 1992 |

Original: Inmate's Booking Jacket

Yellow Copy: Inmate

Photocopy: Administration File

20V 12/00



San Bernardino County Sheriff's Department INMATE GRIEVANCE FORM

Summary

| Grievance Number: | |
|-------------------|--|
| Date: | |

| dualiting strategic business of | | Ellain are | | | Booking Number | er 03013433 4 | 49 |
|------------------------------------------------|-------------------------|--------------------------|----------------------|--------------|-------------------|----------------------|----------------------|
| - | Michael Mo | | | | booking ivanib | | |
| nvestigation Conc | lucted by _ | C. Newla | nd | | | Emp Number | 140303 |
| ummary of Comp | laint and Fir | ndings | | | | | |
| nmate McElhin | ey suggest | s two solu | tions to t | the problem | of stale bread at | chow time. | |
| Have the Have the | bread indi deputy pa | vidually w ss the bre | rapped. ad out th | ne same time | chow is served. | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Action Taken | | | | | | | |
| | ate for his | suggestion | 1. | | | | |
| | ate for his | suggestion | ٦. | | | | |
| Action Taken Thank the inma | ate for his | suggestion | 1. | | | | |
| | ate for his | suggestion | 1. | | | | |
| | ate for his | suggestion | 1. | | | | |
| | ate for his | suggestion | 1. | | | | |
| | ate for his | suggestion | 1. | | 00 | | |
| | ate for his | | Duty Lt. | Approved | J. | F | acility Administrato |

Inmates Signature

ATTACHMENT #23 [A-23]

{Prisoner Grievance #98: Filed July 12, 2003}

{Grievance Response #07-03-106: Filed July 15, 2003}



San Bernardino County Sheriff's Department INMATE GRIEVANCE FORM

| Griev | ance Number: |
|-------|--------------|
| 5 | Date: |

Assigned to:

| NAME Michael McE/hiney BOOKING# 030/343349 |
|---------------------------------------------------------------------------------------------------------|
| NAME Michael McE/hiney BOOKING# 030/343349 HOUSING LOCATION OF OCCURRENCE WVDC |
| DATE/TIME OF OCCURRENCE 07/11/03 DATE OF COMPLAINT 07/12/03 |
| EXPLAIN YOUR COMPLAINT. INCLUDE DATES, TIMES, AND NAMES OF PERSONS INVOLVED. MEDICK: T. Heary R. Spiur |
| |
| Yeskerday attempting to attend the Mel scholular, for over 2 months, the SBCSD instituted a new policy. |
| a 'new policy'. |
| |
| prisone from WUDE to Arrow head with a |
| prisoner from WVOC to Amous head with a bog on his head. |
| Fust the day before on July 10 I went to Amoushed for a Bigsy on my lip No beg was placed on my head |
| Amoushed for a Bigsy or my lip No bas was |
| placed on my head |
| 1 11 1 Haza and Carlo Comme |
| are only being implemented as a many of referred to our advant |
| are only being implementel as a month |
| refellation secause agt Hon as to par orly |
| presence to our using fre to |
| -age. |
| Not us nearly have depred me access to |
| necessar medical treetment for no good cause |
| and I latered to see you, sufter legally |
| Tota get 'hide' behind the last - I use into |
| Lind idio to ATTACH ADDITIONAL PAGES IF NEEDED |
| 29/10 |
| Inmate's Signature |
| |
| Received by: J. MELENNET Date: 271203 Time: 2037 |
| Employee's Name (Please Print) |

Original: Inmate's Booking Jacket

Yellow Copy: Inmate

Photocopy: Administration File



San Bernardino County Sheriff's Department

INMATE GRIEVANCE FORM

Summary

| | - 0 | |
|-----------|-----|------|
| Grievance | Num | ber: |

07-03-106

Date:

071503

| nmates Name | McElhine | y, Michael | | Booking Number | 030134334 | 19 |
|----------------------------------|----------------------------|----------------------------------------------|----------------|----------------------|---------------|-----------------------|
| nvestigation Co | nducted by | W. De Bord, Serg | eant | | Emp Number | D0536 |
| ummary of Con | nplaint and F | indings | | | | |
| COMPLAINT: | | | | | | |
| nmate McElhi | ney compla | ains that he missed a | a medical appo | ointment because | of a "new p | olicy". |
| INDINGS: | | | | | | |
| ransportation | off the fac | been implemented i cility. McElhiney's re | sponse was to | reluse to go to | | |
| Security is par treatment was | ramount. N s entirely h | AcElhiney's failure to is choice. | conform with | n security proced | ures and refu | isal of medical |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Action Taken | | | | | | 7 AS (P) - 7 AS |
| Grievance ans | swered. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Reviewed by | (0) | Duty Lt. | Approved | Sho | Fa | acility Administrator |
| Inmate given | a written rep | oly on | At | Ву | Print | Name |
| This complain | t has been d | liscussed with me and | I have been ad | vised of the finding | s A | |
| | | | | | 11/ | Signature |

Yellow Copy: Inmate Photocopy: Administration File

Original: Inmate's Booking Jacket

ATTACHMENT #24[A-24]

{Grievance Response #06-03-247: Filed June 27, 2003}





San Bernardino County Sheriff's Department

INMATE GRIEVANCE FORM

Summary

Grievance Number:

06-03-

247

Date:

REFUSED

Inmates Signature

06-27-03

| mates Name <u>M</u> | | | Emp Numbe | er D0536 |
|-----------------------------------------------------------------------|--------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------|
| vestigation Conduc | ted by _W | I. De Bord, Sergeant | Emp Numb | |
| ımmary of Compla | int and Findi | ngs | | |
| OMPLAINT: | | | | |
| nmate McElhine earched while | ey is comp ne was no | laining that the room utile occupying it. | lized as a temporary law lib | orary was |
| INDINGS: | | | | |
| ieen granted so | | I - L F Lb - in mark 100 | II a part of the facility. The | SUSCEDENCE CO |
| earch. The co with the policie | ntents of t s and prov | tatus of the inmate. The | room and its contents are a periodically to insure the computer will be inspected | inmate complies |
| earch. The co with the policie operational and | ntents of t s and prov | tatus of the inmate. The | h periodically to insure the | inmate complies |
| | ntents of t s and prov intact. | tatus of the inmate. The | h periodically to insure the | inmate complies |
| search. The co with the policie operational and Action Taken | ntents of t s and prov intact. | tatus of the inmate. The | h periodically to insure the | inmate complies |
| search. The co with the policie operational and Action Taken | ntents of t s and prov intact. | tatus of the inmate. The | h periodically to insure the | inmate complies |
| search. The co with the policie operational and Action Taken | ntents of t s and prov intact. | tatus of the inmate. The | h periodically to insure the | inmate complies |
| search. The co with the policie operational and Action Taken | ntents of t s and prov intact. | tatus of the inmate. The | h periodically to insure the | inmate complies |
| search. The co with the policie operational and Action Taken | ntents of t s and prov intact. | tatus of the inmate. The | h periodically to insure the | inmate complies |
| search. The co with the policie operational and Action Taken | ntents of t s and prov intact. | tatus of the inmate. The | h periodically to insure the | inmate complies ed to insure it is |
| Reviewed by | ered. | tatus of the inmate. The | h periodically to insure the computer will be inspected. | inmate complies |

CERTIFICATE OF SERVICE

I, CAREY P. CRONIN, declare:

That I am a citizen of the United States and resident or employed in Los Angeles County, California; that my business address is the Office of the United States Attorney, United States Courthouse, 312 North Spring Street, Los Angeles, California, 90012; that I am over the age of eighteen years, and am not a party to the above-entitled action;

That I am employed by the United States Attorney for the Central District of California who is a member of the Bar of the United States District Court for the Central District of California, at whose direction I served a copy of

JOINT BRIEF RE: IMPACT OF CONDITIONS OF CONFINEMENT UPON DEFENDANT'S EFFECTIVE SELF REPRESENTATION

| [] Placed in a closed envelope, for collection and interoffice delivery addressed as follows: | [X] Placed in a sealed envelope, for collection and mailing via United States Mail, addressed as follows: |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| [] By hand deliver addressed as follows: | [] By facsimile as follows: |
| [] By messenger as follows: | [] By federal express as follows: |

SEE ATTACHED

This Certificate is executed on **OCTOBER 23, 2003** at Los Angeles, California I certify under penalty of perjury that the foregoing is true and correct

CAREY P. CRONIN

ATTACHMENT

UNITED STATES v. BARRY BYRON MILLS, et al. No. CR 02-938-GHK

Irene P. Ayala P.O. Box 351385 Los Angeles, California 90035

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   Los Angeles, CA 90010
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   Michael White
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    Santa Monica, CA 90401
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   Matthew Blake Wilson
22
    1532 Sixth Avenue
    San Diego, CA 92101
23
    Kenneth Miller
24
    107 Avenida Miramar, Suite D
    San Clememte, CA 92672
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